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PTO/SB/22 (10-00)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
408445

In re Application of Ethan R. Signer and Ranjan Perera

Application Number 09/879,329

Filed June 12, 2001

For REMOVAL OF SELECTABLE MARKERS FROM TRANSFORMED CELLS

Group Art Unit
1642

Examiner

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☐ One month (37 CFR 1.17(a)(1)) \$
☐ Two months (37 CFR 1.17(a)(2)) \$
☒ Three months (37 CFR 1.17(a)(3)) \$ 930
☐ Four months (37 CFR 1.17(a)(4)) \$
☐ Five months (37 CFR 1.17(a)(5)) \$

- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 465 .
☐ A check in the amount of the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0600 .
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

2/28/03

Date

Signature

Dan Cleveland, Jr. Reg. No. 36,106

Typed or printed name

03/04/2003 AWONDAF1 00000071 09879329

02 FC:2253

465.00 OP

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 1 forms are submitted.

Adjustment date: 04/16/2003

03/04/2003 AWONDAF1 00000071 09879329

02 FC:2253

-465.00 OP

BLDRDOCS 68668v1

Repln. Ref: 04/16/2003 AKELLEY 0010054600
Date: 03/04/2003
FC: 9204

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>4/15/03</u>		2 Serial/Patent # <u>09/879,329</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	# <u>4</u>	<u>2-28-03</u>	\$ <u>465.</u>							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
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<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>465.</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		<div style="border: 1px solid black; padding: 5px;"> Treasury Check Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; text-align: center;"> <tr><td>1</td><td>2</td><td>--</td><td>0</td><td>6</td><td>0</td><td>0</td></tr> </table> </div>			1	2	--	0	6	0	0
1	2				--	0	6	0	0		
<input type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input type="checkbox"/>	No Fee Due (Explanation):										
<u>Extension filed after maximum extendable period for reply</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME:		TITLE: <u>PS</u>									
SIGNATURE: <u>Patrice Bond</u>		PHONE: <u>388-6911</u>									
OFFICE: <u>Office of Petitions</u>											
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APPROVED: <u>Alicia Kelly</u>		DATE: <u>4/16/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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